APPLICATION for NEW DIRECT SERVICE PROVIDER Cover Sheet

Date:	
Applicant Name:	
Agency/Organization Name:	
Telephone Number:	Email Address:
Mailing Address:	
City:	
	Checklist
To be complete, a new direct service pro	ovider application must include the following:
Program Cover Sheet/Check List	
Application Education Form	
Copy of Qualifying Degree from	Accredited College/University
Copy of License(s)	
Continuing Education Document	cation
Current Criminal Background Ch approved by the Committee as a 7	eck (within 6 months) *Not applicable for applicants currently Frainee.
Signed Statement	

*All documents must be submitted as one complete application packet. Please refer to the Direct Service Provider Application Instructions and Information sheet for additional details.

APPLICATION for DIRECT SERVICE PROVIDER

Education Documentation

Program Name:			
Direct Service Provider Name & Credentials:			
Requirements: (Please review Minimum Standards	and/or the Application	Instructions for complete details)	
 Bachelor's degree required in counse degree must be included in the applic Copy of current licensure. Minimum of 60 hours of education of for renewing applicants or applicants certificates of completion. Minimum of 150 total hours of supervision. 	cation packet. otained within the currently approve	previous 5 years for new ap d as a Trainee. Please list a	plicants or 3 years
Name of Course or Program	Date(s)	Sponsor/Presenter	Total Hours
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-			
			
			
-			
			

Direct Service Provider Education Documentation - Continued

Supervised Treatment Experience

treatment contact with offenders.	
Supervisor Name/Credentials/Contact Info	Total Hours
	
·	
ct contact with domestic violence victims thro	ough an established
Supervisor Name/Credentials/Contact Info	Total Hours
·	
	Supervisor Name/Credentials/Contact Info

APPLICATION for DIRECT SERVICE PROVIDER

Signed Statement

Program:		
Applicant Name:		
Have you ever been convicted of a felony or misdemeanor?	Yes	No
Have you even been convicted of a crime involving violence?		No
Have you ever been charged with a crime involving violence, moral, or sexual issues?		No
Have you ever received a deferred sentence or had judgment withheld for a crime involving violence, moral, or sexual issues?		No
Have you ever been charged with a professional ethics violation?		No
Have you ever been named as a defendant or respondent in any civil or criminal action with the allegation of the use of threatened or actual violence?	Yes	No
If you answered "yes" to any of the above questions, please explain:		
Any program staff has an ongoing duty to report, within 72 hours, to their a action in which they are named as defendant or respondent with the allegation to use violence. The agency shall forward information regarding the incider Domestic Violence and Victim Assistance within 72 hours of its notification.	on they used o	or threatene
Signature:		
Date:		